



**COUNTY OF LOS ANGELES
DEPARTMENT OF AUDITOR-CONTROLLER**

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WENDY L. WATANABE
AUDITOR-CONTROLLER

April 19, 2013

TO: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM:

Wendy L. Watanabe
Auditor-Controller

Wendy L. Watanabe

SUBJECT: **FOR THE CHILD – A DEPARTMENT OF MENTAL HEALTH
CONTRACT SERVICE PROVIDER – CONTRACT COMPLIANCE
REVIEW**

We completed a program review of For The Child (FTC or Agency), which covered a sample of billings from December 2011 and January 2012. The Department of Mental Health (DMH) contracts with FTC to provide mental health services, including interviewing program clients, assessing their mental health needs, and implementing treatment plans. The purpose of our review was to determine whether FTC maintained proper documentation, and provided services in accordance with their County contract.

DMH paid FTC approximately \$2 million on a cost-reimbursement basis for Fiscal Year 2011-12. The Agency provides services in the Fourth Supervisorial District.

Results of Review

FTC staff assigned to the DMH Program had the required qualifications and 96% of the billings reviewed were supported with adequate documentation. However, FTC needs to improve the quality of documentation in their Assessments and Client Care Plans. Specifically, FTC:

- Did not complete two (13%) of the 15 Assessments in accordance with the DMH contract. Both Assessments contained different diagnoses from the clients' therapists and psychiatrists.

- Did not develop Targeted Case Management objectives that were specific or measurable for six (40%) of the 15 Client Care Plans reviewed.
- Did not develop Targeted Case Management objectives that related to clients' needs identified in their Assessments for six (40%) of the 15 Client Care Plans reviewed.
- Did not develop Mental Health Services objectives that related to the clients' needs identified in their Assessments for two (13%) of the 15 Client Care Plans reviewed.

FTC's attached response indicates that the Agency will provide training to their treatment staff and revise their documentation procedures to ensure that their Assessments and Client Care Plans are completed in accordance with the DMH contract requirements.

Details of our review, along with a recommendation for corrective action, are attached.

Review of Report

We discussed our report with FTC and DMH. FTC's attached response indicates that they agree with our findings and recommendation. DMH indicated that they will work with FTC to ensure that our recommendation is implemented.

We thank FTC management for their cooperation and assistance during our review. Please call me if you have any questions, or your staff may contact Don Chadwick at (213) 253-0301.

WLW:AB:DC:EB

Attachment

c: William T Fujioka, Chief Executive Officer
Dr. Marvin J. Southard, Director, Department of Mental Health
Sharon Sulentor, President, Board of Directors, For The Child
Michele Winterstein, Ph.D., Executive Director, For The Child
Public Information Office
Audit Committee

**FOR THE CHILD
DEPARTMENT OF MENTAL HEALTH
FISCAL YEAR 2011-12**

BILLED SERVICES

Objective

Determine whether For The Child (FTC or Agency) provided the services billed to the Department of Mental Health (DMH) in accordance with their County contract.

Verification

We selected 35 billings from 1,419 claims of approved Medi-Cal billings for December 2011 and January 2012, which were the most current billings available at the time of our review (October 2012). We reviewed the Assessments, Client Care Plans, and Progress Notes in the clients' charts for the selected billings. The 35 claims represent services provided to 15 clients.

Results

FTC maintained documentation to support 96% of the service minutes reviewed. However, the Agency did not always complete some elements of the Assessments and Client Care Plans.

Assessments

FTC did not complete two (13%) of the 15 Assessments in accordance with the DMH contract. Specifically, the Assessments contained different diagnoses from the clients' therapists and psychiatrists. It is important to have a consistent diagnosis to ensure coordination of care and consistency in the treatment. According to the Clinical Records Bulletin, Edition 2009-02, when there is incongruity, those involved in the client's care should discuss the diagnosis. If there is a change, it should be documented in the client's chart.

Client Care Plans

FTC did not complete some elements of the Client Care Plans in accordance with their DMH contract for seven (47%) of the 15 Client Care Plans reviewed. Specifically:

- Six Client Care Plans for Targeted Case Management Services did not contain specific or measurable objectives.
- Six Client Care Plans for Targeted Case Management Services did not contain objectives that related to the presenting problem, diagnosis, or functional impairment documented in the Assessments.

- Two Client Care Plans for Mental Health Services did not contain objectives that related to the presenting problem, diagnosis, or functional impairment documented in the Assessments.

The number of incomplete Client Care Plans in the examples above exceeds the overall number of Client Care Plans reviewed because some Client Care Plans contained more than one deficiency.

Recommendation

1. **FTC management ensure that Assessments have consistent diagnoses and the Client Care Plans are completed in accordance with their DMH contract.**

STAFFING QUALIFICATIONS**Objective**

Determine whether FTC treatment staff had the required qualifications to provide the services.

Verification

We reviewed the California Board of Behavioral Sciences' website and/or the personnel files for 13 of the 26 treatment staff, who provided services to DMH clients during December 2011 and January 2012.

Results

Each employee reviewed had the qualifications required to provide the billed services.

Recommendation

None.

PRIOR YEAR FOLLOW-UP**Objective**

Determine the status of the recommendations reported in the prior Auditor-Controller monitoring review.

Verification

We verified whether FTC had implemented the one DMH program-related recommendation from the Fiscal Year 2008-09 monitoring review. The report was issued on June 5, 2009.

Results

FTC implemented the recommendation from the prior monitoring report.

Recommendation

None.



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3/18/13

Wendy L. Watanabe, Auditor- Controller
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Kenneth Hahn Hall of Administration
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Los Angeles, California 90012-3873

Subject: **For The Child**, a Department of Mental Health Contract Provider, Contract Compliance Review
2011-2012. Corrective Plan.

Dear Ms. Watanabe:

Thank you to your team for a professional, fair and informative Program Review and Exit Interview. We are in agreement with all findings.

The following in our corrective plan to respond to the specific results:

- 1. No consistent diagnoses in client Assessments for 2 (13%) of 15 assessments reviewed.
Specifically, the therapist's and psychiatrist's Assessments contained different diagnosis.**

To remedy this deficiency, the clinical director will implement the following system by March 15, 2013: The psychiatric case manager will alert the clinician when the psychiatrist has provided a diagnosis that is different than the clinician's. She will also supply the clinician with a change of diagnosis form. At that time, the clinician will review the diagnosis and if there is an agreed upon diagnosis, the clinician will change the diagnosis and review the goals to ensure that they are consistent with the diagnosis. If the clinician's diagnostic impressions differ from the psychiatrist's, the clinician will arrange to meet with the psychiatrist to come to an agreed upon diagnosis. At that time, the clinician will make necessary changes to the documentation. If the clinician and the psychiatrist cannot come to an agreement about the diagnosis, the Clinical Director will be informed and will advise on how to proceed. The MD diagnosis has priority.

- 2. Did not develop Targeted Case Management Objectives that were specific or measureable for six (40%) of the 15 Client Care Plans reviewed.**
- 3. Did not develop Targeted Case Management Objectives that related to the client's needs identified in the Assessment for six (40%) of the 15 Client Care Plans reviewed.**

The two results above are related and will be corrected by the same activities. This error pertained to Targeted Case Management Objectives. For The Child clinicians had been providing broad case management goals during the treatment planning phase in the event that a case management need arose during treatment. The program reviewer stated that this was not needed or desirable as specific and measureable objectives are required for ongoing case management, and that these should be based on needs identified in the client's Assessment. The Clinical Director will meet with the clinical staff by March 15, 2013 to review this change in agency procedure and clarify that a TCM objective will only be written when an ongoing case management need is identified during client assessment, or later during treatment. When a specific need is identified it will be written in clear, measurable language that is consistent with the client's diagnosis. For The Child was informed by the DMH QA liaison that the QA department is developing training on writing Targeted Case Management goals and objectives. When this training becomes available, For The Child will ensure that their clinical staff and QA monitor attend.

4. Did not develop Mental Health Service Objectives that related to client's needs for two (13%) of the 15 Assessments reviewed.

These deficiencies occurred as the result of conflicting or complex client diagnoses. For The Child's Clinical Director and QA monitor will provide training by March 30, 2013 on writing goals that support the client's diagnosis. Because this error resulted as a result of conflicting diagnosis between the psychiatrist and clinician, implementing the corrective plan to Finding 1 will reduce the probability of this error by focusing more attention on the diagnosis given by the psychiatrist.

Please contact me if further corrective action is indicated.

Sincerely,



Michele Winterstein, Ph.D.
Executive Director